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# Lt. Cmdr. Andy Baldwin: From Residency to Operational Medicine

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(NO COMMENTS)

By Lt. Cmdr. Andy Baldwin, Senior Medical Officer, [USS Makin Island \(LHD 8\)](#)



Lt. Cmdr. Andy Baldwin, senior medical officer, on board the USS Makin Island. (Photo credit: [unreadable])

Palms sweating, heart beating fast, orders in hand, I stepped onto the brow of the mighty warship. “You must be the new SMO?” remarked the Officer of the Deck, rendering a crisp salute. Returning the salute I said, “Yes, my name is Lt. Cmdr. Andy Baldwin, and I’m the

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new Senior Medical Officer for Makin Island”.

A little over two years prior, it had been my goal to get a firm foundation in primary care medicine before returning to the fleet, and the [Family Medicine Residency program at Naval Hospital Camp Pendleton](#) did this and more. A roller coaster ride of highs and lows, long hours spent on the labor deck delivering babies, countless hours in a clinic taking care of eight-month-olds and 80 year-olds, it had been a truly wonderful and enriching educational experience. Topping it off was the stamp of approval of passing the National Board Exam in Family Medicine.

In the Navy once residency trained, medical officers have a number of avenues they can pursue. Some remain at large hospitals while others go to smaller remote clinics. There are also operational positions available on ships and with the Marines. Having been with a [Special Operations Dive Unit](#) previously, my sights were set on getting back into the operational world of the Navy. I wanted to lead a large medical department and deploy around the world. That opportunity presented itself with the leadership role of [Senior Medical Officer \(SMO\)](#) of the large deck amphibious assault ship USS Makin Island (LHD 8).

As a medical officer on board a ship, I can tell you that you are viewed much differently. You are first and foremost a naval officer, more so a leader of a department, and then oh, by the way, you are a physician as well. Nowhere else in the medical world will you encounter as many challenges to grow as a leader as in the operational world of the U.S. military. As the “SMO” aboard Makin Island, I became the leader of a department of up to 80 highly trained medical personnel, and a virtual floating hospital that would surpass the capabilities of many regional hospitals. This was no slim task, and this is the reason my heart was pounding that morning, and continues to pound to this day.

For medical coverage, most ships and submarines have an [independent duty corpsman \(IDC\)](#) as their top medical provider. An IDC is a highly trained senior enlisted that operates independently, many times performing up to the skills of a medical officer. On Makin Island I have a senior chief petty officer who is an IDC as well as a general medical officer, who help tremendously in patient care. The number one priority for our department is to maintain readiness, ensuring that all of our Sailors are physically ready and healthy to deploy. This means making sure all immunizations are up to date, preventive screenings have been done, and fitness is maintained.

To achieve this, our medical department has over 25 corpsmen trained in various specialties such as operating room technician, preventive medicine technician, biomedical tech, radiation tech, pharmacy tech etc. These are all the key subject matter experts that allow our floating hospital to function. When deployed we are also augmented by a [Fleet Surgical Team \(FST\)](#). This FST has several medical officers, nurses and corpsmen able to augment our hospital on ship to a Level 3 status with ability to perform surgery and maintain the intensive care unit (ICU).

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Cmdr. Hermann Gonzalez, center right, surgeon for the 11th Marine Expeditionary Unit, explains procedures for treating a chest wound during a mass casualty drill aboard the amphibious assault ship USS Makin Island (LHD 8). (U.S. Navy photo by Mass Communication Specialist 2nd Class Alan Gragg/Released)

[Makin Island](#) is the first U.S. Navy amphibious assault ship built with a hybrid-electric propulsion system. During the ship's maiden deployment from November 2011 to June 2012, the hybrid system saved more than four million gallons of fuel translating to a cost savings of more than \$15 million. When deployed the number of personnel on board swells to over 2,100 as Marines are embarked from the 11th Marine Expeditionary Unit and aviation assets as well.

The amphibious assault ship is one of the most multi-mission capable vessels in the U.S. Navy, having the ability to insert and extract personnel by sea and air and land. This ability has growing importance in the core component of the U.S. Navy's maritime strategy to provide humanitarian assistance and disaster response around the world.

The medical facility of which I am in charge reflects that- six operating rooms, 17 bed intensive care unit, and a 47 bed patient ward. In times of a natural disaster, USS Makin Island has the ability to serve as a command and control center and a floating hospital. This is one of the reasons that I wanted to take on the challenge of being senior medical officer aboard this type of ship. The other reason is the ability to travel and see the world. Throughout the ship's most recent deployment, the Sailors and Marines were excellent ambassadors of the United States. During the deployment, the ship made port visits to Singapore, Bahrain, Jordan, Malaysia, Hong Kong and Pearl Harbor, Hawaii.

It has been an intense first three months as SMO aboard Makin Island. Literally the first day I checked in to the command, we got underway to support [San Francisco Fleet Week](#). And on that very first day, I had my first medical evacuation situation and a very serious mental

health case. Welcome to the operational Navy!

There is no doubt about it, the transition to being a medical officer in the operational Navy from the medical training environment of the hospital, is a tough one, but it is worth it. It is a steep learning curve, and the pressure is on. When you are out in the middle of the ocean, and a medical emergency occurs, the commanding officer looks to you. And when that occurs, most times you are not surrounded by other attending physicians to assist in that decision. Learning how to make decisions with limited data and resources is something that cannot necessarily be taught, but must be learned through experience. That is the steep learning curve that operational medicine teaches you.

I welcome the challenge and am proud to be the leader of the medical team aboard USS Makin Island (LHD 8).

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